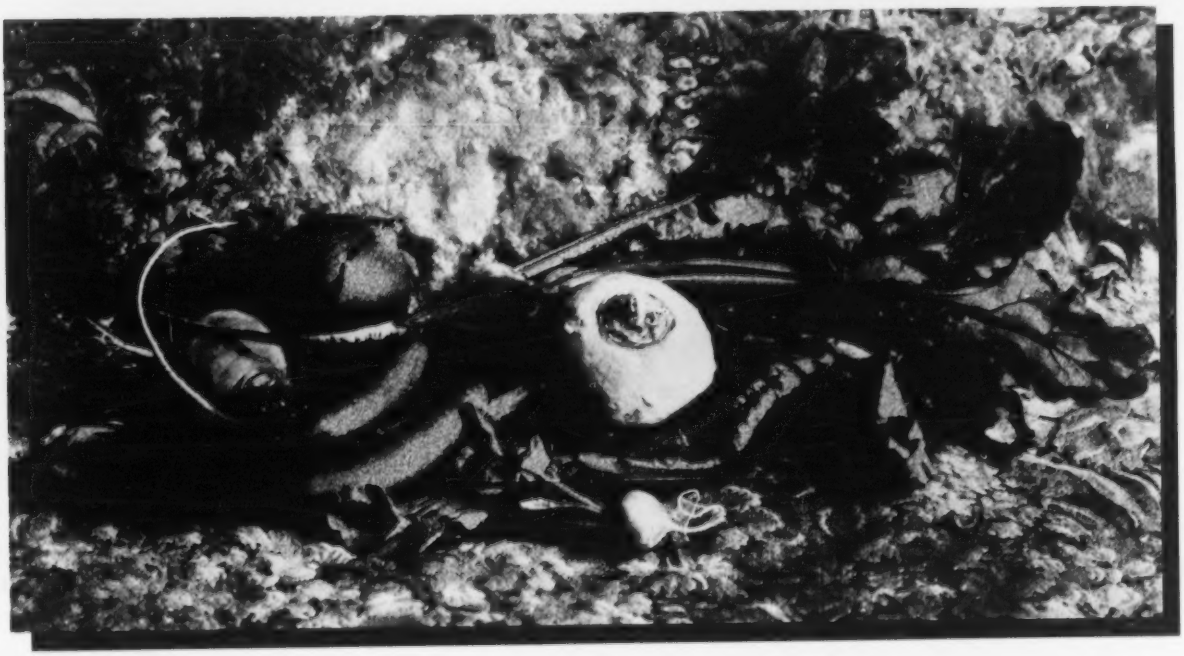
EATING FOR HEALTH:



Trends in Diet and Weight Control, 1983–1990

A PREVENTION® Magazine Report
from research by Louis Harris & Associates

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Louis Harris & Associates, Inc.

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Table of Contents

	Page
Introduction	1
Study highlights	3
America's diet concerns	6
Health-related food products	13
Food labels	21
Overweight	27
Appendix	33

Tables and Charts

Main Diet Concerns	10
Key Diet/Nutrition Concerns, By Sex	11
Key Diet /Nutrition Concerns, By Age Group	12
Low-Fat/Low-Cholesterol Foods	18
High-Fiber Foods	19
Diet Concerns and Purchase of Healthy Foods	20
What People Look for on Nutrition Labels	25
Influences on Food Buying Decisions	26
Weight Range of American Adults	30
Weight Perception vs. Actual Weight	31
Weight Perception and Weight Loss	32

Introduction

Over the last decade, the connection between food and health has come into sharper focus. The idea that what we eat has a direct impact on our health and well-being, that it affects our chances of having a heart attack or a stroke or even colon cancer, is widely accepted. Most Americans want to have a healthy diet.

But this desire to eat in a healthy way comes into conflict with other factors: long-time dietary habits, taste preferences, and social and emotional connections to certain foods. How these conflicts will work out into what people actually eat is hard to predict, and can make studies of diet and nutrition difficult and challenging.

This study has four parts. The first looks at Americans' efforts in six key diet areas: Limiting fat, limiting intake of high-cholesterol foods, limiting salt or sodium, limiting sugar or sweet foods, getting adequate dietary fiber, and getting enough vitamins and minerals in foods or supplements. It includes a look at how these behaviors vary by sex and age, and how they have changed over the past eight years.

The second section examines two categories of health-related food products—low-fat/low-cholesterol foods and high-fiber foods. Who buys these foods, what they buy, and how often they eat them are some of the basic questions studied. The relationship between dietary habits and the purchase of these foods is also considered.

Section three looks at food labels. It covers such subjects as what people look for on labels, how well they understand label information, and what impact the information has on their buying decisions. Research for this section was co-sponsored by Fleischmann's.

The last part examines the incidence of overweight in America, and efforts to lose weight. It also compares real weight with perceived weight, and how that perception affects people's attempts to lose weight.

Information in this study comes from telephone surveys conducted for Prevention Magazine by Louis Harris & Associates, Inc. The most recent data comes from telephone interviews with 1,254 adults in the continental United States, conducted during November, 1990.

For more information about survey methods, see the Appendix.

Study highlights

Healthy eating is an important concern for many Americans.

*Fifty-nine percent of adults make a particular effort to eat adequate dietary fiber; 59 percent to get enough vitamins and minerals in foods or supplements; 56 percent to limit dietary fat; 51 percent to limit their salt or sodium intake; 49 percent to limit their consumption of high-cholesterol foods; and 46 percent to limit their intake of sugar or sweet foods.

*Of these six dietary factors, women rate substantially higher than men in all of them, and usually by at least 10 percentage points.

*As people age, they nearly always become more concerned about what they eat. Primary diet changes come during the 30s and from age 50 to 64.

*Among these six key diet areas, only efforts to limit high-cholesterol foods have improved significantly since 1983. Over this period, concern about getting vitamins and minerals and limiting sugar and sweet foods fell slightly.

More than half of American households are buying and using health-related food products.

*Sixty-one percent of adults live in households where someone buys a low-fat or low-cholesterol food product, while half of adults live in households where high-fiber products are purchased.

*Over the past year, the percentage of people who buy low-fat/low-cholesterol foods has remained steady, while the number buying high-fiber foods has dropped seven percentage points.

*Women are more likely to buy low-fat/low-cholesterol foods than men are, but the gender gap is small considering the fact that women show much more concern about limiting their consumption of dietary fat and high-cholesterol foods.

*Currently, the great majority of those who buy health-related food products are people who already have a strong concern about their fat, cholesterol or fiber intake.

A majority of consumers use food labels as a guide in making food buying decisions.

*Eighty-two percent of adults say that nutrition labeling has at least "a little" impact on their purchasing decisions. Of this group, 33 percent say they always look carefully at the nutrition information on labels before choosing canned or packaged foods.

*Of people who pay attention to food labels, 77 percent say they can understand the information well enough to help them make a buying decision.

*The primary concern of people who read nutrition labels is fat or cholesterol content, which is checked by 89 percent. Other main concerns are calorie content (75%), vitamin and mineral content (70%) and fiber content (60%).

*Thirty-eight percent of adults say that nutrition labels influence their buying decisions "a lot." This ranks them above price, which has a lot of influence with 32 percent, and above brand, which carries a lot of influence with 26 percent.

Despite great efforts to control weight gain, many Americans are over their recommended weight range.

*Sixty-four percent of adults over the age of 25 are above the recommended weight range for their age, sex, height and body build. Just 22 percent are within the recommended range.

*Thirty-one percent of people who are over their recommended weight range believe that they are "at about the right weight," while 25 percent of those who are within the recommended range feel that they are overweight.

*Thirty-five percent of adults say that they tried to lose weight in the previous month--43 percent of women and 27 percent of men.

America's diet concerns

Eating healthy food is important to many Americans. A majority of adults—56 percent—report that they try a lot to limit their dietary fat. Forty-nine percent say they make specific efforts to limit their consumption of foods high in cholesterol, such as eggs and fatty meats.

Other important dietary concerns are efforts to get adequate fiber, 59 percent; to get enough vitamins and minerals in foods or supplements, 59 percent; to limit intake of salt or sodium, 51 percent; and to limit consumption of sugar or sweet foods, 46 percent. (See Table 1.)

While there are some regional differences in these dietary practices, for the most part they are small. The East leads in efforts to limit both dietary fat (59%) and cholesterol (54%), while the Midwest brings up the rear in fat limitation (52%) and the West trails for cholesterol (46%). But the gaps are just seven and eight percentage points, respectively. And with fiber concern, the West leads with 60 percent, while the other three regions tie with 58 percent each.

In addition, neither education level nor annual household income seem to have much impact on overall dietary concerns. But there are two factors that make a major difference: sex and age.

Men vs. women

In all six of the diet behaviors examined here, women have substantially better records than men have. Even though men suffer disproportionately from heart disease and stroke, women score 15 percentage points higher in efforts to limit consumption of high-cholesterol foods (56% vs. 41%), and 12 points higher in efforts to limit dietary fat (62% vs. 50%). (See Figure 1.)

The gender gap is in double digits for three other dietary issues as well: efforts to get enough fiber, 64 percent vs. 53 percent; efforts to limit salt or sodium, 57 percent vs. 46 percent; and efforts to get adequate vitamins and minerals, 64 percent vs. 54 percent. The smallest margin—seven points—comes in efforts to limit consumption of sugar or sweet foods (49% vs. 42%).

Age and diet

When it comes to food, age is the variable with the greatest impact. With few exceptions, as people get older they become much more concerned with what they eat.

People under the age of 30 lag behind those aged 65 and over by 28 percentage points in limiting high-cholesterol foods, by 23 points in efforts to get dietary fiber, and by 21 points in their efforts to limit fat consumption. The only category where younger people can match the record of their elders is in efforts to get enough vitamins and minerals.

It is also worth noting that the diet changes that accompany aging seem to follow a similar pattern. With fat, cholesterol and fiber, large shifts occur during the 30s and from age 50 to 64. (See Figure 2.) In all three of these categories, people in their 40s have nearly identical records to those in their 30s, while people over 65 do only slightly better than those aged 50 to 64.

Eating shifts since 1983

Of these six areas of dietary concern, only one has shown significant improvement over the past eight years—efforts to limit consumption of high-cholesterol foods. In 1983, 42 percent of people tried to limit these foods; in 1990, the figure was 49 percent.

Concern about fat limitation and getting adequate fiber have remained virtually static over this period, though at a fairly high level. In both 1983

and 1990, 59 percent of adults reported that they were trying hard to eat enough fiber. With efforts to limit dietary fat, the numbers were 55 percent in 1983 and 56 percent in 1990.

In two areas, there were slight declines over this period. In 1990, 59 percent made a major effort to get adequate vitamins and minerals, compared to 63 percent in 1983. And serious efforts to limit sugar and sweet foods fell from 51 percent in 1983 to 46 percent in 1990.

What brings diet change?

Overall, these figures show that while healthful eating remains a broad concern, dietary habits do not change easily. And to understand change, it is helpful to look at the two areas where the most action has occurred—cholesterol and calcium.

As noted earlier, the one major diet category showing improvement over the past eight years was efforts to limit high-cholesterol foods. But in looking at the record year by year, it becomes clear that all the improvement during this period actually came in just two years—1988 and 1989. The 1983 and 1987 records were identical: 42 percent. Then, over the next two years, concern about cholesterol rose to 48 percent and then 50 percent. For 1990, concern remained nearly level, at 49 percent.

What happened in the 1988-89 period? During this time, there was an intense focus on cholesterol. Ads, posters and brochures from the National Cholesterol Education Program and other organizations urged people to have their blood cholesterol checked, and to understand the dangers of a high reading. Many new food products appeared, with claims of reduced or no cholesterol. The result: significant changes occurred.

The story with calcium parallels cholesterol somewhat. Concern about calcium stood at 50 percent in 1990, exactly the same point it was back in 1983. The next year, 1984, it fell to 45 percent. During 1985, however,

osteoporosis became big news, and calcium concern jumped 12 percentage points, to 57 percent. But over the next few years, as conflicting information came out about the efficacy of calcium in preventing or alleviating osteoporosis, concern slipped. The net result was that the 1990 score equalled the 1983 score.

These examples suggest that dietary change does not happen simply because people learn what is good—or not so good—for them to eat. It takes some specific, major news, or a broad national effort, to draw particular attention to a dietary issue, and this can make a difference. But even then, it takes time to understand just how deep any diet changes are, and how long-lasting they may be.

Table 1

Main Diet Concerns

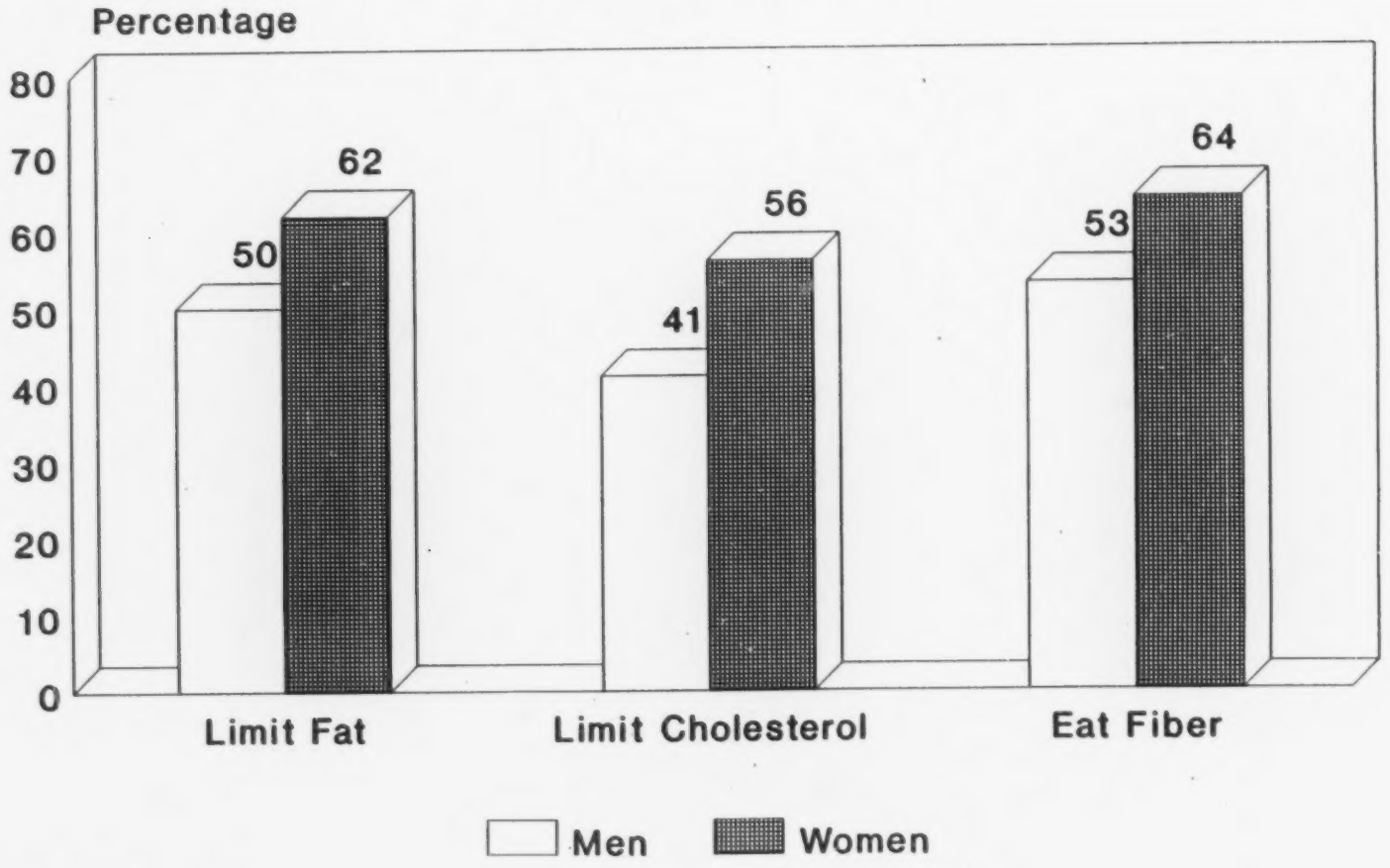
1983-1990

	Percent Compliance 1983	1990	Change, 1983-1990
Get Vitamins/Minerals	63	59	-4
Eat Dietary Fiber	59	59	0
Limit Fat	55	56	+1
Limit Salt/Sodium	53	51	-2
Limit Sugar/Sweet Foods	51	46	-5
Limit Cholesterol	42	49	+7

Source: Louis Harris surveys for Prevention Magazine.

Figure 1

Key Diet/Nutrition Concerns
By Sex, 1990

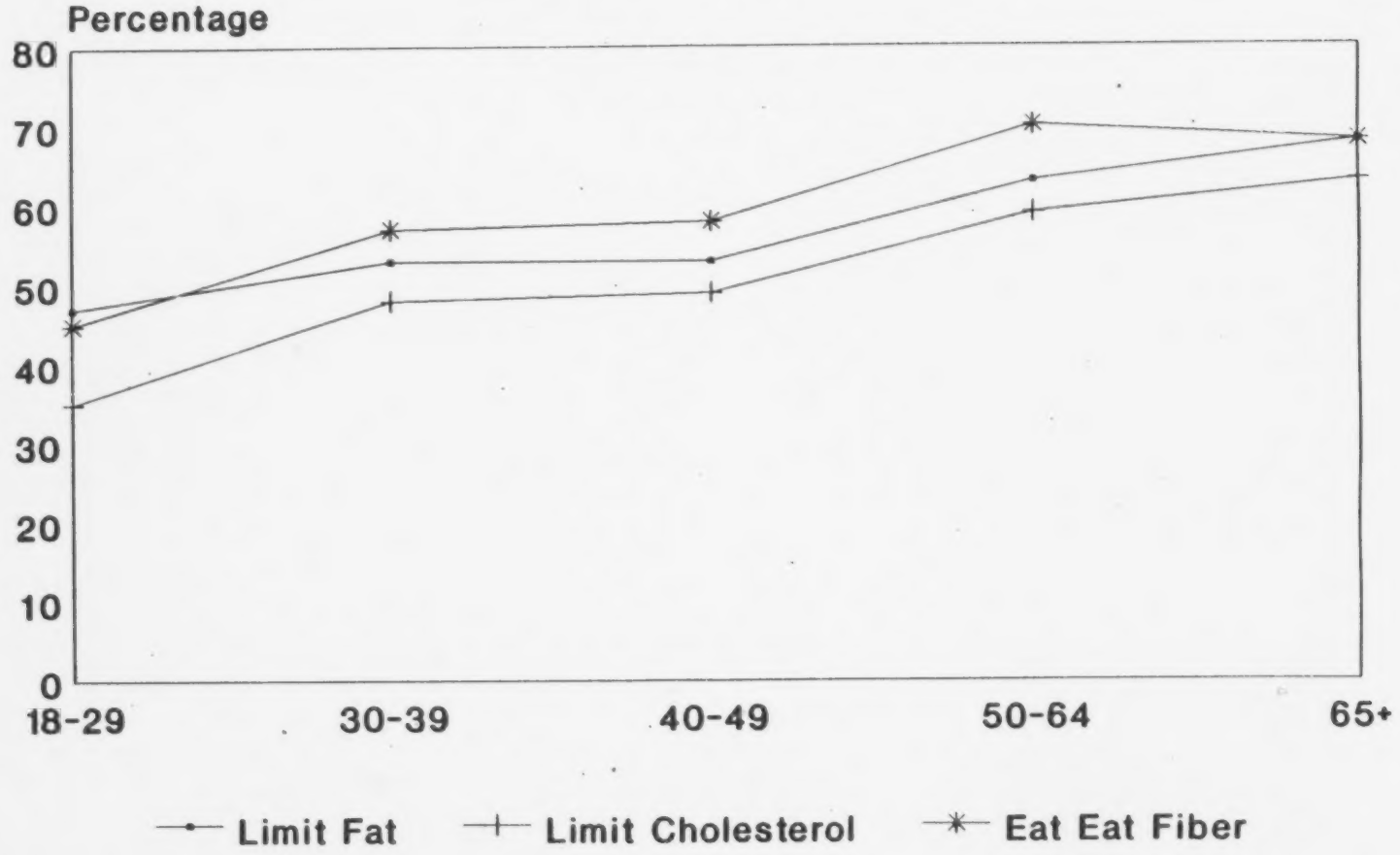


Source: Harris survey for Prevention.

Figure 2

Key Diet/Nutrition Concerns

By Age Group, 1990



Source: Harris survey for Prevention.

Health-related food products

Low-fat/low-cholesterol foods

A solid majority of Americans buy low-fat or low-cholesterol food products. Sixty-one percent of adults say that they—or someone in their household—purchased a food manufactured to be low in fat or cholesterol during the previous month, exactly the same percentage recorded in November, 1989.

However, this figure represents a 13-point gain over the November, 1988 survey, when 48 percent of people reported buying low-fat/low-cholesterol foods, and a 25-point rise since November, 1986.

Forms of margarine are the most popular reduced fat or cholesterol product, with 16 percent of buyers saying they purchase them most often. Other popular products include low-fat or low-cholesterol forms of milk (purchased most often by 15 percent of users), meat (purchased most often by 10%), oil (8%), butter (5%), cheese (4%), poultry (4%) and frozen dinners (4%).

Although the percentage of households buying reduced fat or cholesterol products did not increase, the market broadened somewhat. Products making the most-purchased list for the first time were frozen dinners, salad dressings, ice cream and frozen yogurt. In addition, several other products showed gains, including meat, poultry, cheese and milk.

Two of every three people who buy low-fat/low-cholesterol foods eat them regularly—every day or several times per week. Only 12 percent of buyers report eating these products less often than weekly.

Ten percent of those who buy low-fat/low-cholesterol foods say they have used these products for less than one year. Twenty-one percent say they have been buying them for 1 to 2 years, with another 29 percent saying 2 to

5 years. About one-third of users—36 percent—report buying them for more than five years.

Who buys low-fat/low-cholesterol foods?

Use of low-fat/low-cholesterol foods is quite uniform across the country, with just five percentage points separating the lowest and highest region. The high region is the Midwest, where 63 percent report buying these products; the West, with 58 percent, is the low region. Both the South and East are at 61 percent, the national average. (See Table 2.)

Income variations, though not large, are somewhat more significant. People in households with income below $25,000 annually are slightly less likely to buy low-fat/low-cholesterol foods than those above this level. The highest purchase rate was among those in the $35,001 to $50,000 range, with the lowest purchase rate in the group below $7,500.

Women are more likely than men to buy low-fat/low-cholesterol foods, by a 64 to 57 percent margin. However, this gap is relatively small, considering the fact that women have a much higher level of concern about limiting dietary fat and cholesterol.

As with most health behaviors, age plays a key role. People in their middle years—those aged 40 to 64—are the most likely to buy low-fat/low-cholesterol foods. Those under 40, however, are a better market for these products than those aged 65 or older.

High-fiber foods

Exactly half of American adults say they live in households where someone purchases a high-fiber food product. This represents a seven-point drop over the figures recorded in 1988 and 1989, but is similar to the 51 percent recorded in 1986.

The most popular high-fiber product, by a huge margin, is cereal. Eighty percent of people who buy these products purchase cereal most often. Just 10 percent buy high-fiber bread most often. Vegetables were the only other high-fiber food to be mentioned as the preferred product by at least one percent of buyers.

Among people who eat high-fiber products, 77 percent do so at least weekly. Thirty-one percent eat high-fiber foods daily, and another 32 percent do so several times a week.

Just eight percent of people who buy high-fiber foods say they have been purchasing these products for less than one year. Seventeen percent say they have been buying them for one to two years, and another 31 percent report buying them for from two to five years. Forty-one percent say they have been buying these foods for more than five years.

Who buys high-fiber foods?

The purchase of high-fiber foods is remarkably uniform across the country. Three regions—the Midwest, South and West—tie for first with 50 percent who say they buy, with the East trailing by just two points at 48 percent. (See Table 3.)

Income does seem to have an impact on the purchase of high-fiber foods, but primarily at the lower levels. Those living in households with annual incomes below $25,000 are somewhat less likely to buy these foods than those in higher-income households. And those at the lowest income level are least likely to buy high-fiber foods.

When buying patterns are examined by age group, the results are mixed. The most likely buyers for high-fiber foods are those aged 30 to 64. People under 30, and those aged 65 or older, trail other age groups by at least nine percentage points.

Although women are much more likely than men to try a lot to get adequate dietary fiber, their purchase rates for high-fiber foods are virtually identical. Fifty percent of women buy these foods, compared to 49 percent of men.

The future of health-related foods

Over the past five years, both the low-fat/low-cholesterol and the high-fiber food categories have shown broad consumer acceptance, and demonstrated significant growth. There are indications, however, of some possible limits to further expansion. So far, the great majority of people who buy these products do so because of prior concern about their own fat, cholesterol or fiber intake. (See Figure 3.)

Since 1986, the percentage of those who try to get enough dietary fiber has remained at about 60 percent. During this same period, the purchase rate of high-fiber foods has ranged from a high of 57 percent (during 1988 and 1989) to a low of 50 percent (in 1990). The percentage of people who buy these foods has never quite caught up to the percentage showing particular concern about fiber.

The situation with low-fat/low-cholesterol foods is somewhat similar. Over the past five years, cholesterol concern has risen to about 50 percent of adults, with concern for fat staying in the mid-50 percent range. During this time, the percentage of people who buy low-fat/low-cholesterol products has risen regularly, from 36 percent in 1986 to 61 percent in 1989. In 1990, that figure leveled off.

A closer look at low-fat/low-cholesterol food sales shows that the market is clearly broadening—as more products become available, people are buying them. In most cases, however, these are the same people who are already buying other types of low-fat/low-cholesterol foods. So while sales have increased, the actual number of people buying these products has not grown over the past year.

In general, food marketers have done a good job responding to people's concern about health. A crucial question now is whether these health-related products can begin to lead the market. Will people who don't have a strong prior concern try them, like them, and then move toward diet changes, or will these foods continue to attract only the converted? If they

cannot tempt the unconvinced into giving them a try, they may never truly become mass market products.

One sign of this problem shows up in the numbers on attracting new buyers. Over the past year, the number of purchasers of high-fiber foods who say they have been buying these foods for less than one year fell by half, from 16 percent to eight percent; while for purchasers of low-fat/low-cholesterol foods it dropped from 13 percent to 10 percent.

Table 2

Low-Fat/Low-Cholesterol Foods

Demographics of Purchasers

Region	
East	61%
Midwest	63%
South	61%
West	58%

Household Income	
$7,500 or less	54%
$7,501 to $15,000	60%
$15,001 to $25,000	58%
$25,001 to $35,000	62%
$35,001 to $50,000	66%
$50,001+	64%

Race	
White	62%
Black	55%
Hispanic	58%

Current Health Status	
Excellent	60%
Good or very good	61%
Fair or poor	61%

Education	
Not high school graduate	53%
High school graduate	58%
Some college	63%
4-year college graduate	67%

Sex	
Male	57%
Female	64%

Age	
18-29	60%
30-39	61%
40-49	64%
50-64	68%
65+	50%

Weight Range	
Under	58%
Proper	65%
Over	62%

Source: Louis Harris survey for Prevention Magazine.

Table 3

High-Fiber Foods

Demographics of Purchasers

Region	
East	48%
Midwest	50%
South	50%
West	50%

Household Income	
$7,500 or less	35%
$7,501 to $15,000	51%
$15,001 to $25,000	49%
$25,001 to $35,000	54%
$35,001 to $50,000	56%
$50,001+	57%

Race	
White	52%
Black	36%
Hispanic	47%

Current Health Status	
Excellent	52%
Good or very good	51%
Fair or poor	41%

Education	
Not high school graduate	34%
High school graduate	49%
Some college	55%
4-year college graduate	53%

Sex	
Male	49%
Female	50%

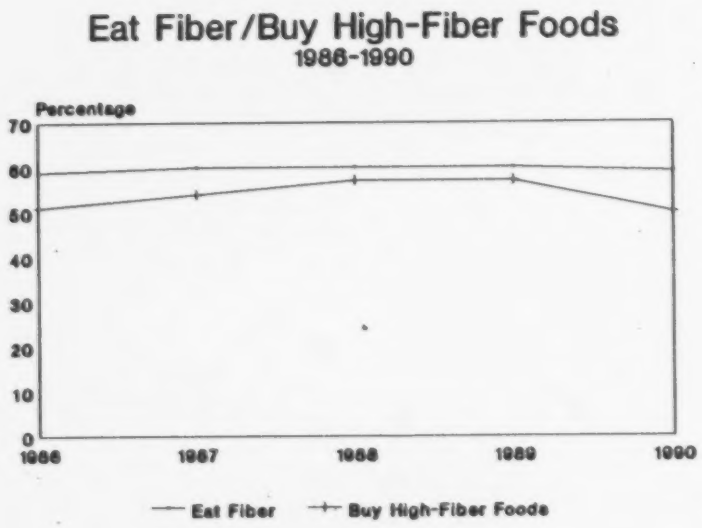
Age	
18-29	44%
30-39	57%
40-49	54%
50-64	53%
65+	41%

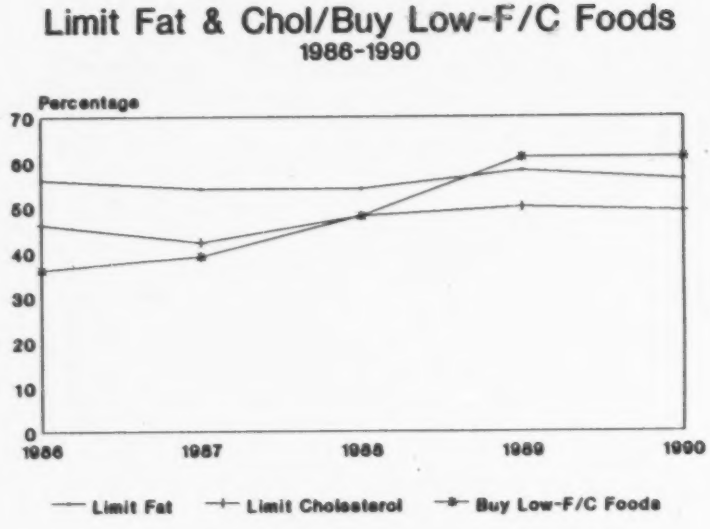
Weight Range	
Over	51%
Proper	54%
Under	57%

Source: Louis Harris survey for Prevention Magazine.

Figure 3

Diet Concerns and Purchase of Healthy Foods





Food labels

As people learn more about the close connection between food and health, food labels become an important source of dietary information. Most packaged foods now have labels that describe basic vitamin and mineral content, and many also provide details on fat, cholesterol, sodium and fiber content.

Under a new law passed by Congress, food labels will soon be required to include number of calories from fat, the amount of saturated fat and cholesterol, and the amount of fiber. These changes will make labels even more important in helping consumers make food choices.

Reading and understanding nutrition labels

Eighty-two percent of American adults say that nutrition labeling has at least "a little" impact on their purchasing decisions. Of this group, 33 percent say they always look carefully at the nutrition information on labels before choosing canned or packaged foods. Another 49 percent say they sometimes look at these labels, while 13 percent say they rarely check them and five percent say they never do.

Although regional differences here are minimal, age and gender are significant. Thirty-eight percent of women always check this information, while just 27 percent of men do. And people over the age of 50 are more than twice as likely to always read nutrition labels as those under 30. Forty-five percent of Blacks say they always read nutrition information, compared to 32 percent of Whites and 29 percent of Hispanics.

In this instance, neither education nor income levels play a significant role. People who didn't finish high school are just as likely to say they always read nutrition information on labels as college graduates are, and low-income people have similar records to those in the higher categories. This suggests that concern about good nutrition is widely spread throughout society.

Most adults do not have a problem understanding the information on food labels. Seventy-seven percent of those who pay any attention to nutrition labels say that when they read the labels they can usually understand the information well enough to help them make a buying decision. But a sizeable minority—22 percent—say they cannot understand the information well enough.

This lack of understanding is not limited to any particular group. For example, people in households with annual incomes of $35,001 to $50,000 are just as likely to be uncertain about nutrition information on food labels as those in the $7,500 or less range. And people aged 30 to 39 have virtually identical records to those aged 65+.

Key label concerns

The primary concern of the people who look at food labels is fat or cholesterol content. (See Table 4.) Eighty-nine percent of them say they look for this information. Seventy-five percent say they look for information on calorie content, while 70 percent check for vitamins and minerals and 60 percent look for fiber content.

Fat and cholesterol content is a particular concern for women (92%) and for Midwesterners (93%). Age, income and education level don't make much difference here.

Information about calorie content is particularly sought out by Hispanics and Blacks (87% and 85%, respectively), women (78%), people aged 40 to 64 (78%) and those in the $7,501 to $15,000 income range (81%). People with the least interest in information about calories are those earning $50,000+ (69%) and smokers (67%).

Groups that have a particular interest in vitamin and mineral content include people 18 to 29 (76%), those with less than high school education

(84%), those with incomes below $15,000 annually (81%), Easterners (73%) and Hispanics and Blacks (90% and 85%, respectively). But this factor, and fiber content, are two of the somewhat rare nutritional areas where men show as much interest as women.

Fiber content is read most avidly by Southerners (68%), people aged 50 to 64 and 65+ (71% and 75%, respectively), those without high school diplomas (73%), Blacks and Hispanics (75% and 72%, respectively) and those in the lowest income category (81%). This last figure most likely reflects the fact that as people age, getting dietary fiber becomes a more important concern.

Nutrition labels, price and brand

A substantial number of adults—38 percent—say that nutrition labels influence their buying decisions "a lot." (See Figure 4.) This means it ranks above price, which has a lot of influence with 32 percent, and above brand, which carries a lot of influence with 26 percent of people.

Nutrition labeling is particularly important to women. It has a lot of influence on the buying decisions of 48 percent of women, compared to just 28 percent of men. Other groups who pay particular attention to the label information include Easterners, Blacks, people over the age of 30, and those who have some college experience or college degrees. Income levels, however, have virtually no impact on the importance of nutrition labels in buying choices.

But when it comes to price, income does matter. Those with annual household incomes below $25,000 are much more likely to shop price than those at higher income levels. Other groups with a high percentage who say price has a lot of influence on buying decisions are women (+9 points over men), Southerners, and people under the age of 50.

When it comes to brand, both Blacks and Hispanics are much more likely to say it influences buying decisions a lot than are Whites (+14 and +11

points, respectively). Women also pay more attention to brand (+12 points over men), as do people over the age of 50 and those with only a high school education or less.

Table 4

What People Look for on Nutrition Labels

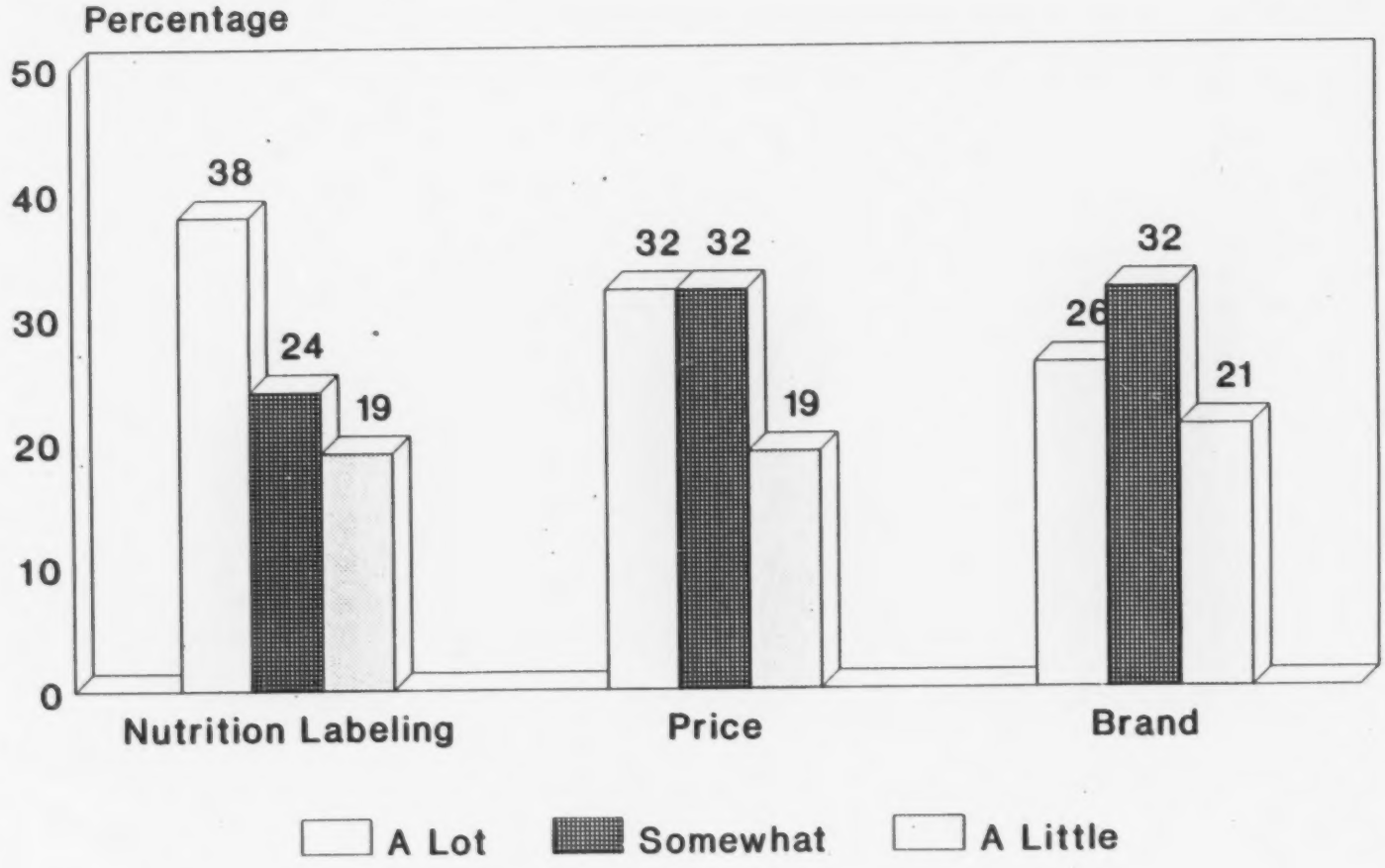
By Demographics, 1990

	Fat/ Cholesterol %	Vitamins/ Minerals %	Calories %	Fiber %
Region				
East	85	73	76	53
Midwest	93	69	77	57
South	89	72	75	68
West	88	65	69	59
Sex				
Male	84	70	70	59
Female	92	71	78	60
Age				
18-29	88	76	72	47
30-39	86	74	74	55
40-49	88	67	78	61
50-64	91	67	78	71
65+	90	66	72	75
Income				
$7,500 or less	88	80	77	81
$7,501-$15,000	92	81	81	66
$15,001-$25,000	87	74	72	54
$25,001-$35,000	85	72	76	57
$35,001-$50,000	91	62	77	54
$50,001+	87	63	69	54

Source: Louis Harris survey for Prevention Magazine.

Figure 4

Influences on Food Buying Decisions
By Category, 1990



Source: Harris survey for Prevention.

Overweight

Americans have a serious problem with weight. Only 22 percent of adults over the age of 25 are within the recommended weight range for their age, sex, height, and body build.* Sixty-four percent are over their recommended weight range, while 14 percent are underweight. Those unfortunate numbers have remained relatively constant over the eight years of our survey.

When the weight ranges are expanded, the numbers improve significantly. But 36 percent of Americans are at least 10 percent over the recommended range, and 16 percent—some 24 million people—are 20 percent or more over their recommended weight range.

Demographic variations

Place of residence appears to have little impact on weight problems. (See Table 5.) The South has the highest percentage of overweight people, while the Midwest leads in percentage in the proper range. But the largest difference among regions is just five percentage points.

Income is related to weight control, but only at the lowest level. People in households with less than $7,500 annual income are least likely to be within the proper weight range. But people in this group are also the most likely to be underweight. And when it comes to controlling weight, those with incomes of $7,501 to $15,000 annually have similar records to those earning $50,001+.

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*Respondents were asked their age, sex, height without shoes, weight without clothes, and body frame size, and their recommended weight range was then computed using the "old" Metropolitan Life Tables. This question includes only adults 25 and older, since many adults aged 18 to 24 have not yet reached their full height and weight.

Sex differences are significant. Both men and women have comparable records for maintaining the recommended weight. But men are much more likely to be overweight, while women are more than three times as likely to be underweight.

Age is another key factor. As people get older, they tend to put on weight. Consequently, those over 40 are considerably more likely to be overweight than those under 40. After people reach 65, however, many begin to lose weight as part of the aging process.

Weight perception and weight loss

When asked about their self-perception of body weight, 48 percent of adults felt they were at about the right weight, while 45 percent said they felt overweight. (See Figure 5.) Six percent felt underweight, while one percent weren't sure.

Of people who were over their correct weight range, two of three (67%) said they felt overweight, while 31 percent felt they were at about the right weight. Most of those within the recommended weight range (68%) believed correctly that they weighed about right, but 25 percent felt overweight. And seven percent of those who were actually under their recommended weight range felt overweight.

Men are more likely to be overweight than women, by a margin of 71 to 57 percent. Women, however, by a 49-to-42 percent margin, are more likely to feel overweight.

Thirty-five percent of Americans said they had tried to lose some weight in the previous month. Forty-six percent of those who are overweight had tried to lose, while 56 percent of those who felt overweight fit into this category. (See Figure 6.) Forty-three percent of women had tried to lose, compared to 27 percent of men.

Nearly one-third of adults (31%) reported that sometime previously they had lost at least 20 pounds or more while dieting. Of this group, 53 percent said they were able "to keep all or most of the weight off permanently." However, 42 percent of these people were still overweight.

Table 5

Weight Range of American Adults

By Demographics, 1990

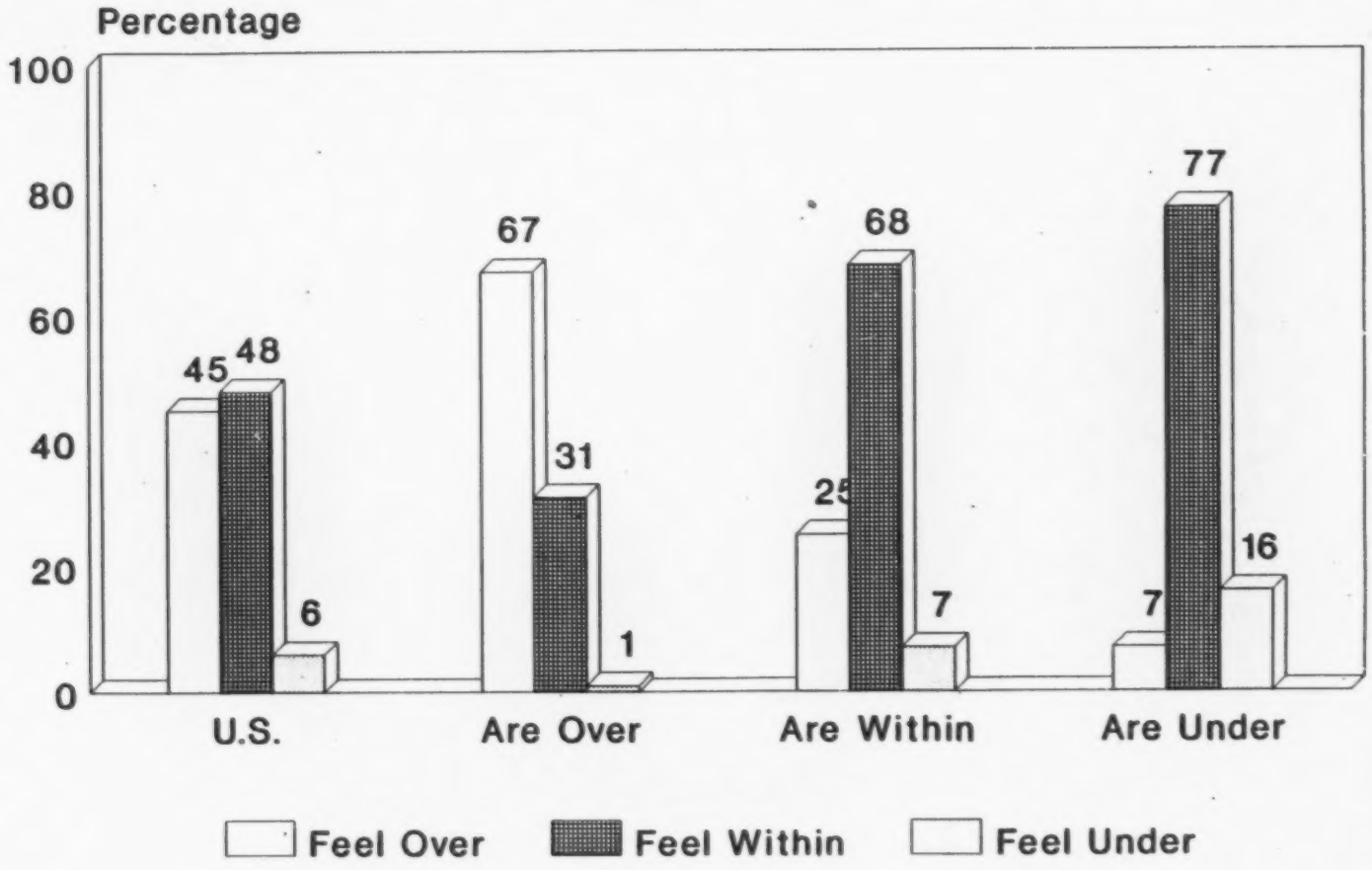
	Over	Proper	Under
Region			
East	62%	22%	16%
Midwest	62%	25%	14%
South	66%	20%	14%
West	63%	23%	14%
Sex			
Male	71%	22%	6%
Female	57%	22%	21%
Age			
25-29	51%	27%	22%
30-39	56%	27%	17%
40-49	73%	15%	13%
50-64	72%	19%	8%
65+	65%	21%	14%
Household Income			
$7,500 or less	63%	18%	19%
$7,501 to $15,000	62%	24%	14%
$15,001 to $25,000	66%	23%	11%
$25,001 to $35,000	61%	22%	17%
$35,001 to $50,000	67%	21%	13%
$50,001+	62%	25%	13%

Source: Louis Harris survey for Prevention Magazine.

Figure 5

Weight Perception vs. Actual Weight

Adults 25+, 1990

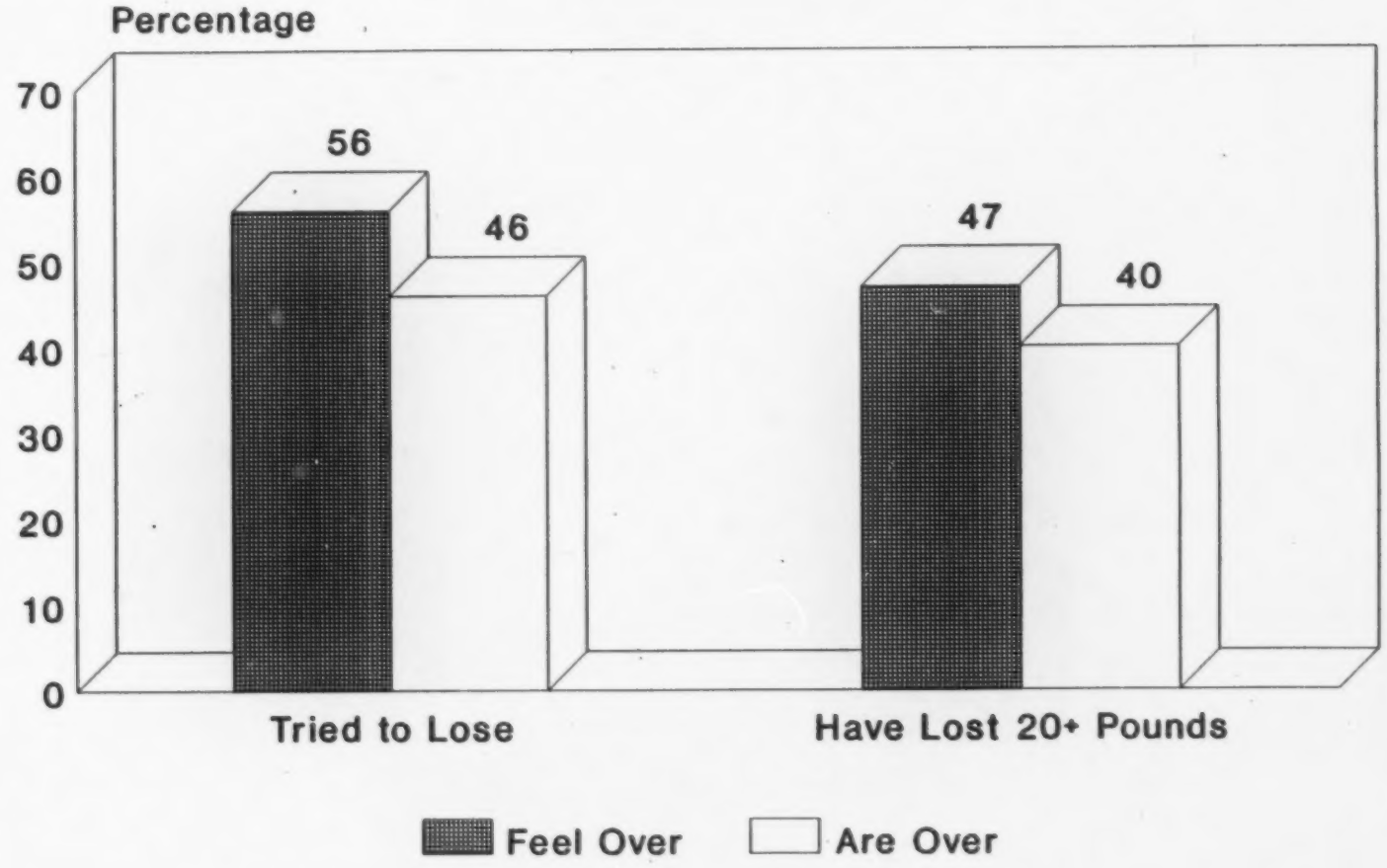


Source: Harris survey for Prevention.

Figure 6

Weight Perception and Weight Loss

Adults 25+, 1990



Source: Harris survey for Prevention.

Appendix

Survey Methods

The information is based on interviews by Louis Harris & Associates, Inc., with 1,254 randomly selected adults in the continental United States. The interviews were conducted by telephone in November, 1990.

The Harris company breaks down the national sample by two dimensions: geographic region and metropolitan versus nonmetropolitan residence. This ensures that the sample will reflect, within one percent, those living in different regions of the country and those in metropolitan and nonmetropolitan areas.

In addition, these figures are weighted to the Census Bureau's latest population parameters on sex, race, age and income. This adjusts these key variables, where necessary, to their actual proportions in the population.

Sampling error

The results from a national survey are subject to sampling error. Sampling error is the difference between the results obtained from the sample and those that would have been obtained if the entire population had been surveyed.

For a survey of 1,254 people, the theoretical sampling error at 95 percent probability is plus/minus three percentage points. The table below shows sampling error for different-sized groups.

Recommended Allowance for Sampling Error of Proportions
(Plus or Minus)

	Approximate Magnitude of Results				
Approximate Sample Size	Survey Percentage Result at 10% or 90%	Survey Percentage Result at 20% or 80%	Survey Percentage Result at 30% or 70%	Survey Percentage Result at 40% or 60%	Survey Percentage Result at 50%
1,250	2	2	3	3	3
1,000	2	2	3	3	3
500	3	4	4	4	4
300	3	5	5	6	6
200	4	6	6	7	7
100	6	8	9	10	10